

WHAT WORKS Tobacco Use

Evidence-Based Interventions for Your Community



obacco use is a leading cause of preventable death and disability nationwide, costing the United States billions of dollars in lost productivity and health care expenses. This brochure is designed to help public health program planners, community advocates, educators, and policymakers find proven interventions - including programs, services, and policies - for reducing tobacco use. It can help decision makers in both public and private sectors make choices about what interventions are best for their communities.

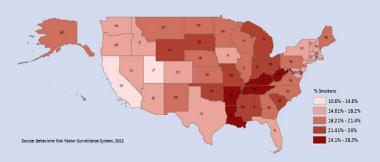
This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health.. Use this information to select interventions you can adapt for your community to:

- Prevent people from starting to smoke
- Help people quit using tobacco products of all types
- Reduce people's exposure to secondhand smoke
- Keep minors from obtaining tobacco products
- Decrease tobacco use in the workplace

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to control tobacco use by visiting www.thecommunityguide.org/tobacco.

THE PUBLIC HEALTH CHALLENGE

Tobacco use by the numbers



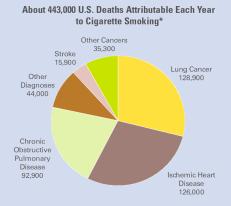
- Nearly 44 million adults about 19 percent smoke cigarettes³
- More than 80 percent started smoking before age 18⁴
- 90 million nonsmokers are exposed to secondhand smoke⁶
- States in the Midwest and Southeast have the most smokers³
- 3.5 percent of adults and 5.5 percent of 18-25 year olds who currently use tobacco, use smokeless tobacco⁷

For more information on tobacco use in the U.S., including state-by-state data, see www.cdc.gov/tobacco/data_statistics.

Cigarette smoking takes a toll

* Average annual number of deaths, 2000–2004 Source: MMWR 2008;57(45):1226–1228.

smoking related¹



- Each year in the U.S., **1 in 5 deaths** over 443,000 are
- For every person who dies, 20 more suffer a smokingrelated illness like cancer, heart disease, stroke, or lung disease²
- Smoking has been estimated to cost the United States
 \$96 billion in direct medical expenses and \$97 billion in lost productivity annually¹

EVALUATING THE EVIDENCE

- The Task Force findings and recommendations for interventions that reduce or prevent tobacco use are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at the intervention's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention, a summary of the systematic review, evidence gaps, and journal publications can be found on the Tobacco Use section of the website at www.thecommunityguide.org/tobacco. From this page, select the strategy you are interested in and click on the specific intervention you want to learn more about.

Community Preventive Services Task Force

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force) - an independent, nonfederal, unpaid body of public health and prevention experts - bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

More information about how the Task Force conducts its reviews is available at www.thecommunityguide.org/about/methods.html.

SUMMARIZING THE FINDINGS ON TOBACCO

All Task Force findings and recommendations on tobacco use are available online at www.thecommunityguide.org/tobacco. Some of the Task Force recommendations related to tobacco use are below.

- ✓ **Reducing tobacco use initiation.** Raising the price of tobacco products can help prevent people from starting to use tobacco. For instance, adolescent tobacco use drops by a median of 3.7 percent for every 10 percent price hike. Additionally, mass-reach health communication interventions, primarily television broadcasts, have proven effective to reduce initiation among young people. Joint interventions such as massmedia campaigns combined with price increases and school- and community-based education have also proven effective in decreasing adolescent tobacco use by nearly 2.5 percent.
- Increasing tobacco use cessation. Strategies that can help more people quit using tobacco include raising produce prices and reducing financial barriers to treatment. Several recommended strategies work best in combination with others, such as mass media campaigns, mass-reach health communications interventions (primarily television broadcasts), mobile phone-based support programs, and systems that remind health care providers to counsel patients about quitting. For instance, combining mass-reach communication interventions that combine cessation messages with a quitline number and that are disseminated through multiple channels have been shown to increase call volume by a median of 132 percent.
- Reducing exposure to environmental tobacco smoke (ETS). Smoking policies such as bans and restrictions are particularly effective for curbing exposure to second-hand smoke. Studies show that smoking bans can reduce the level of ETS components (e.g. nicotine vapor) by a median of 72 percent within 12 months. Smoking bans, which entirely prohibit smoking in defined areas, reduce ETS exposure more than smoking restrictions, which limit smoking to designated areas.
- Restricting minors' access to tobacco products.

 Stronger laws for retailers who sell tobacco, active enforcement of these laws, and retailer education can help keep tobacco products out of young people's hands. These efforts can decrease tobacco sales to minors by a median of 33.5 percent and cut their tobacco use by a median of 5.8 percent.
- Decreasing tobacco use among workers. Strategies to boost quit rates in the workplace include policies restricting or banning smoking indoors and in public places, and incentive programs that reward workers for cutting back their tobacco use. Smoke-free policies can also save employers and workers money by reducing health care costs. For instance, quit rates can increase by a median of 6.4 percent among workers using these strategies. An employer could potentially save \$10,246 per year for every smoker who quits due to a smoke-free workplace policy.

PUTTING THE FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the Task Force and determine which ones best match your needs. Develop evidence-based programs, services, and policies that make tobacco products less accessible, affordable, desirable, and accepted.
- Look for the National Cancer Institute's Cancer Control P.L.A.N.E.T. icon on The Community Guide website to find real-world programs related to the Task Force's recommendations that might be adaptable to your needs. Explore Cancer Control P.L.A.N.E.T.'s Research-Tested Intervention Programs (RTIPs), which are community-based and clinical programs that have been evaluated, found to be effective, and published in a peer-reviewed journal. Learn more about RTIPs at www.thecommunityguide.org/cancer/screening/client-oriented/rtips.html.
- See how other communities have applied the Task Force recommendations for reducing tobacco use at www. thecommunityguide.org/CG-in-Action. Get ideas from their Community Guide in Action stories.
- Use **CDC's state and local resources** on smoking and tobacco at www.prevent.org/Topics/Community-Prevention.aspx to find best practice guides and other tools for implementing an effective tobacco control program.
- Consult Partnership for Prevention Action Guide at www.prevent.org/Topics/Tobacco-Control. aspx for suggestions on putting evidence-based recommendations on tobacco control into practice.

FOR MORE INFORMATION

The Community Guide: Tobacco Use www.thecommunityguide.org/tobacco

Office on Smoking and Health, CDC www.cdc.gov/tobacco

CDC's Vital Signs: Adult Smoking in the U.S.

www.cdc.gov/vitalsigns/AdultSmoking

Preventing Tobacco Use Among Youth and Young Adults: We CAN Make the Next Generation Tobacco-Free

U.S. Surgeon General www.surgeongeneral.gov/library/preventing-youth-tobacco-use



THE COMMUNITY GUIDE IN ACTION





Community-wide effort to make Florida tobacco free

Florida public health practitioners, community advocates, and residents joined forces to change state policy to stem the tide of death and disability caused by tobacco. Evidence-based interventions, including the ones in The Community Guide, were implemented across the state and led to substantial reductions in tobacco use and personal health care expenses.

Nebraska lays out a blueprint for success

Some communities are finding success by combining several recommended interventions. The City of Lincoln and Lancaster County, Nebraska used multiple strategies recommended in The Community Guide to build a phased approach to decrease local tobacco use. Beginning with community-wide education and engagement, their efforts led to substantial reductions in tobacco use in their county and eventually, to statewide policy changes, including a smoking ban modeled on the City of Lincoln's success.

Read more on these and other success stories in The Community Guide in Action series at www.thecommunityguide.org/CG-in-Action.

REFERENCES

¹Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report. 2008;57(45):1226–1228.

²Centers for Disease Control and Prevention. Cigarette Smoking-Attributable Morbidity—United States, 2000. Morbidity and Mortality Weekly Report. 2003;52(35):842–844.

3Centers for Disease Control and Prevention, Current Cigarette Smoking Among Adults—United States, 2011. Morbidity and Mortality Weekly Report. 2012;61(44):889-894.

"Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2000–2009. Morbidity and Mortality Weekly Report. 2010;59(33):1063–1068.

⁵Centers for Disease Control and Prevention. Vital Signs: Nonsmokers' Exposure to Secondhand Smoke—United States, 1999–2008. Morbidity and Mortality Weekly Report. 2010;59(35): 1141–1146.

⁶U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

⁷Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.